

Tennessee State Board of Accountancy CPE Sponsor Exemption Application

This application should be completed, signed and returned to the Tennessee State Board of Accountancy (TNSBA) along with the required attachments.

1. Organization Information

Name _____

Street Address _____

City _____ State _____ Postal /Zip Code _____

Phone Number (____) _____ Fax Number (____) _____

2. Main Contact Person. ***(This person will receive all correspondence and materials related to the organization's application.)***

Name _____ Title _____

Phone Number (____) _____ Fax Number (____) _____

Email Address _____

3. Type of Organization (check applicable category)

- ☐ Regionally accredited U.S. college or university, or division thereof.
- ☐ National or state accounting organization.
- ☐ Accounting firm, partnership or professional organization. State(s) in which the organization is licensed or registered: _____
- ☐ Network of accounting firms, partnerships and professional corporations presenting programs. (Attach a list of the firms and of the states where they are licensed or registered).
- ☐ U.S. federal, state or local government entity.
- ☐ Other, *attach a description of the type and size of the organization and an explanation of how continuing education relates to its activities.*

4. How many years has the organization been offering continuing education courses? _____

5. How many different programs does the organization offer or plan to offer annually? _____

6. Indicate the delivery methods currently employed by the organization and the number of programs offered annually in each category:

- ☐ Live Formal _____
- ☐ Self-study programs; number offered each year _____
- ☐ Audio-conference/Tele- conference _____
- ☐ Publication _____
- ☐ College Course _____
- ☐ Video- conference _____

7. Check the fields of study which apply to your organization.

- | | |
|--|---|
| <input type="checkbox"/> Accounting and Auditing | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Specialized Knowledge and Applications |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Management | <input type="checkbox"/> Other |

8. Has the organization been approved as a course provider by one or more state boards of accountancy?

- ☐ Yes ☐ No If yes, specify the board(s) and provide the sponsor/registration identification number(s).
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9. Has the organization been approved as a course provider by any other organization or accrediting body?

- ☐ Yes ☐ No If yes, provide the name of the organization and the sponsor/registration identification number.
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10. Specify which of the following statements best describes the organization's role in providing continuing professional education:

- ☐ Develops and administers all programs offered.
☐ Administers programs developed by other organizations.

11. Materials to be submitted:

Sponsor Exemption Application

Program list that includes course outline, course timeline and name and background of instructor for each program reviewed.

Attach a statement describing how this course relates to the practice of public accountancy and contributes to the professional competency of the CPA in public practice, as per Rule 0020-5.04 (1), (a).

12. Sponsor Agreement. The sponsor completing the application agrees:

To abide by the rules and requirements of the Tennessee State Board of Accountancy as prescribed in Rules 0020-5; and adhere and abide by the Statement on Standards of CPE as set out by the National Association of State Boards of Accountancy (NASBA).

The sponsor completing this application understands that failure to comply with this Agreement, or failure to meet Tennessee State Board of Accountancy Rules and Regulations, may result in the termination of this Agreement by Tennessee State Board of Accountancy, and notice of such termination may be given to other state boards of accountancy and to licensees. The sponsor further agrees that immediately upon such termination, the use of the official Tennessee State Board of Accountancy statement shall cease.

SIGNATURE OF ORGANIZATION REPRESENTATIVE

PRINTED/TYPED NAME OF MAIN CONTACT PERSON

DATE

TITLE (PLEASE PRINT)

Mail completed and signed form and required attachments to:

Tennessee State Board of Accountancy
Attn: Ethel Mims
2nd Floor, Davy Crockett Tower
500 James Robertson Parkway
Nashville, TN 37243-1141

CPE Programs List

List all CPE programs. The delivery methods can be referenced through #6 above. The number of CPE credits is measured by program length with one 50-minute period equal to one CPE credit. If any course includes ethics, please specify the number of hours. CPE credit for ethics is measured the same as all other CPE.

Organization Name _____

PROGRAM TITLE	DELIVERY METHOD	NUMBER OF CPE CREDITS	FIELD OF STUDY
1.			
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